

DAIDS Clinical Research Priorities



2006 - 2013



AIDS Research Advisory Committee & AIDS Subcommittee, National Advisory Allergy and Infectious Diseases Council May 24, 2004



Important Considerations

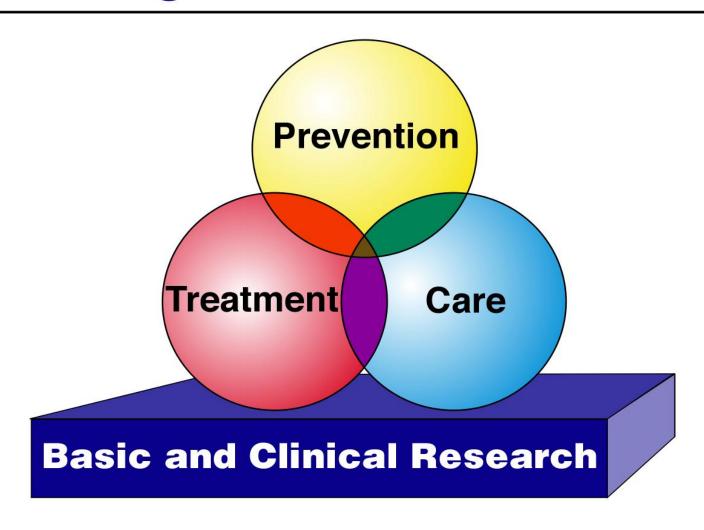
- > Patient Populations
 - Women, minorities, children, adolescents, families
 - Individuals with co-morbidities
- > Delivery of care or research informing care
- > Domestic agendas versus international agendas
- Competing priorities between scientific areas of emphasis
- > Focus: Research



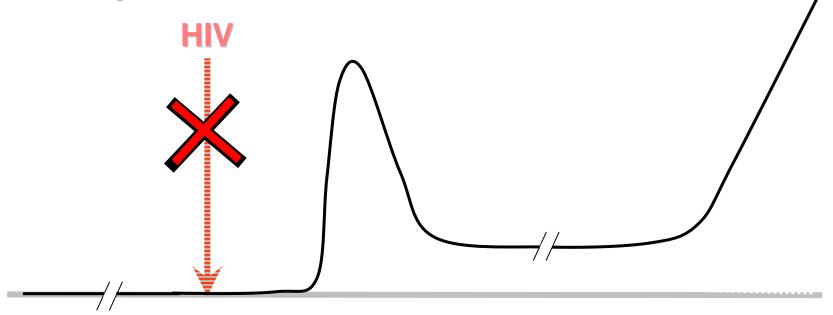




Confronting AIDS in the 21st Century



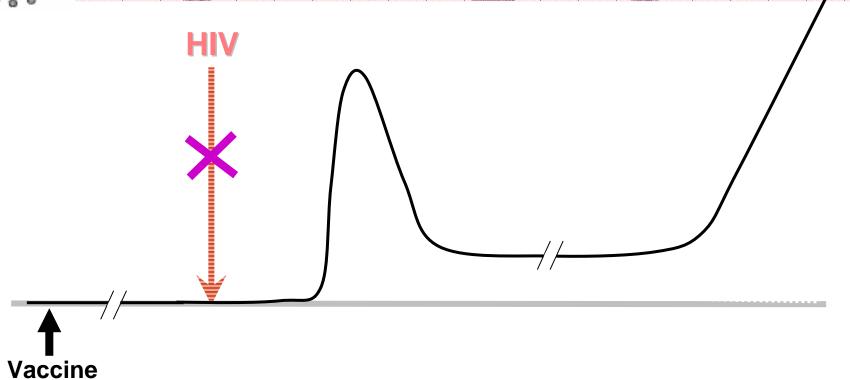








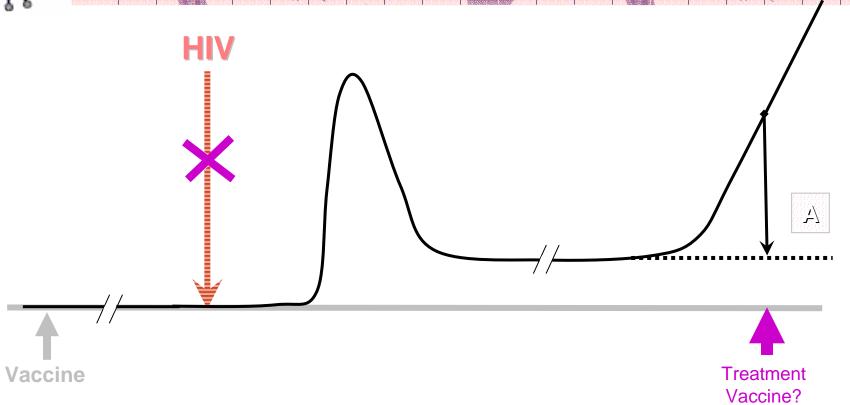










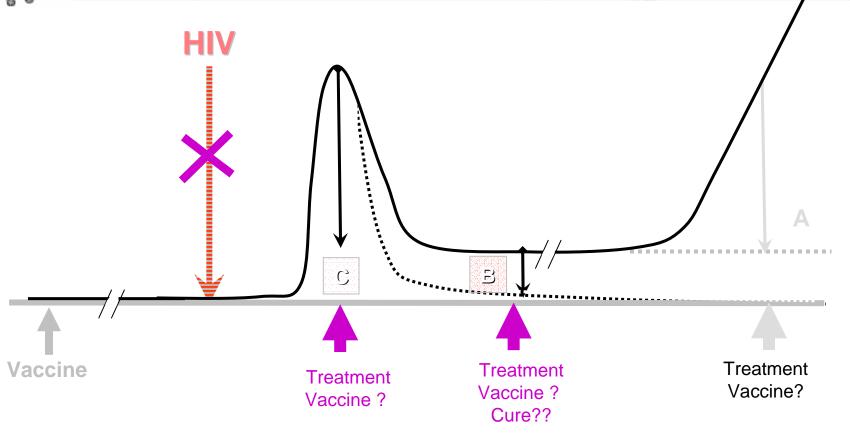


A. Stop Progression,
Development of Resistance









B. Lower Set Point or Eliminate HIV

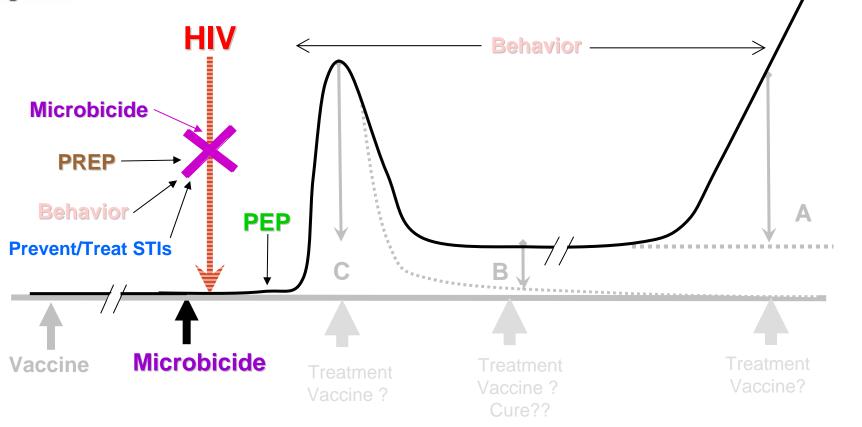
C. Lower Initial Peak of Viremia

A. Stop Progression, Development of Resistance







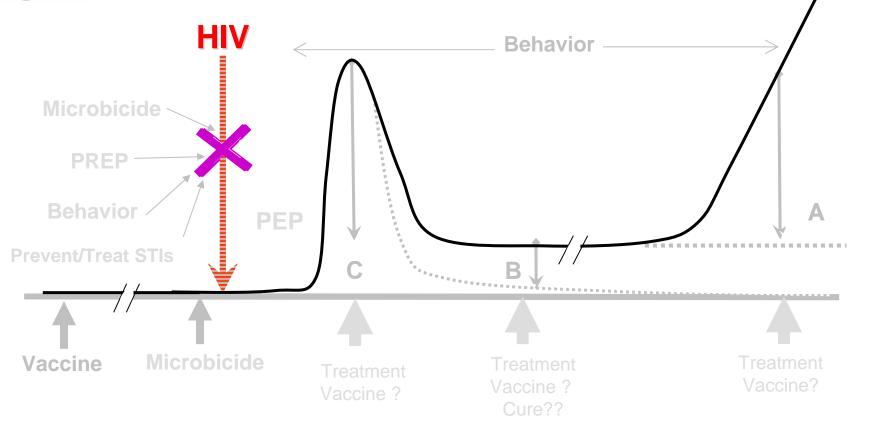


- A. Stop Progression, Development of Resistance
- **B.** Lower Set Point or Eliminate HIV
- C. Lower Initial Peak of Viremia









Populations: Adults ← ♀ ♀ Children ← ↑ Adolescents

A. Stop Progression, Development of Resistance

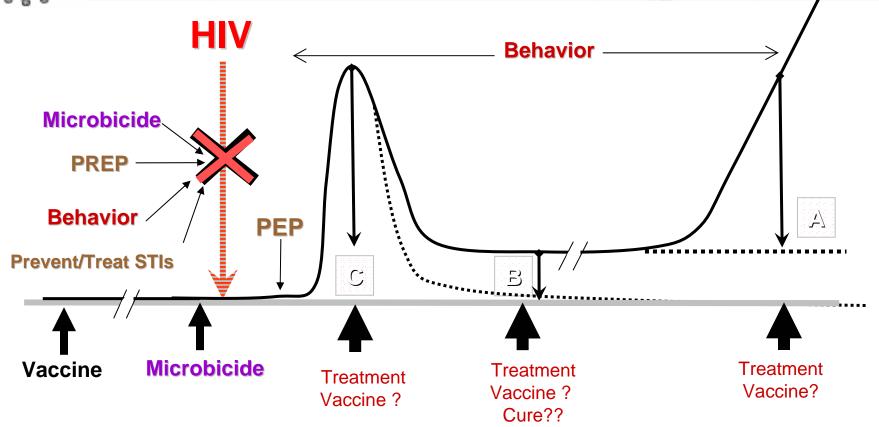
B. Lower Set Point or Eliminate HIV

C. Lower Initial Peak of Viremia









Populations: Adults

Infants ↔ ♀

Children ← ↑

Adolescents

DHHS/NIH/NIAID/DAIDS

- A. Stop Progression, Development of Resistance
- **B.** Lower Set Point or Eliminate HIV
- C. Lower Initial Peak of Viremia





HIV/AIDS Clinical Research Networks-Priority Areas

- > Vaccine research and development
- Therapeutics translational research/ drug development
- > Therapeutics optimization of clinical management
- > Microbicide research and development
- Prevention of maternal-child transmission
- > Prevention research







Clinical Research: Overarching Principles

- ➤ Identify underserved or disenfranchised populations (e.g. women, minorities, adolescents, young children)
- Specify barriers to participation in clinical research for these and other special populations
- Develop strategies to address the problems identified above







Transmission

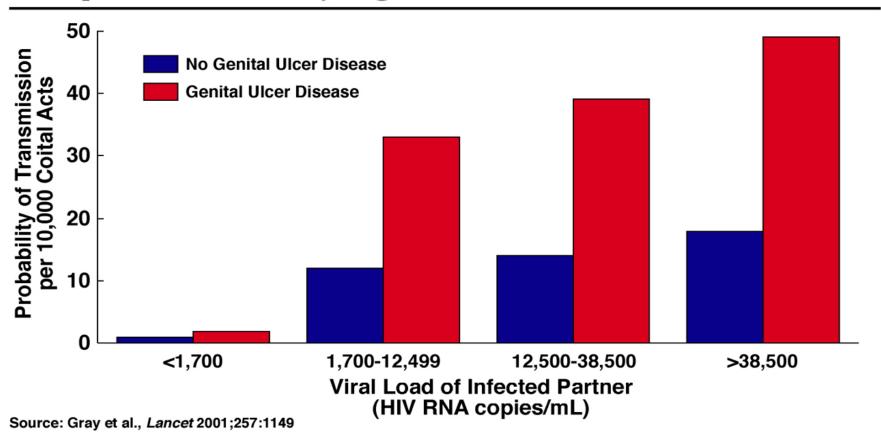
- Role of viral load
 - Transmission probabilities per act by quartiles of viral load
- ➤ Properties of the transmitted viruses in a cohort of Clade C infected discordant couples
- >Timing of transmission





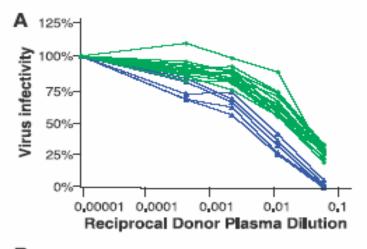


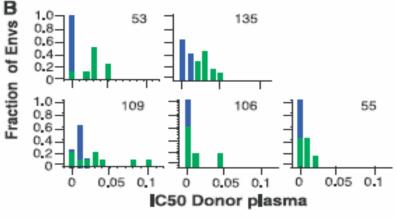
Probability of HIV Transmission per Coital Act in Monogamous, Heterosexual, HIV-Discordant Couples in Rakai, Uganda





Properties of the Transmitted Virus





- The transmitted virus is neutralization sensitive and has shortened loops
- > In a different study, Richman has shown transmitted virus (clade B) has low replicative capacity and hypersensitivity to a protease inhibitor
 - Derdeyn et al. Science 303:2019-22 (2004)
- Leigh-Brown et al. J Virol 78:2242-6 (2004)

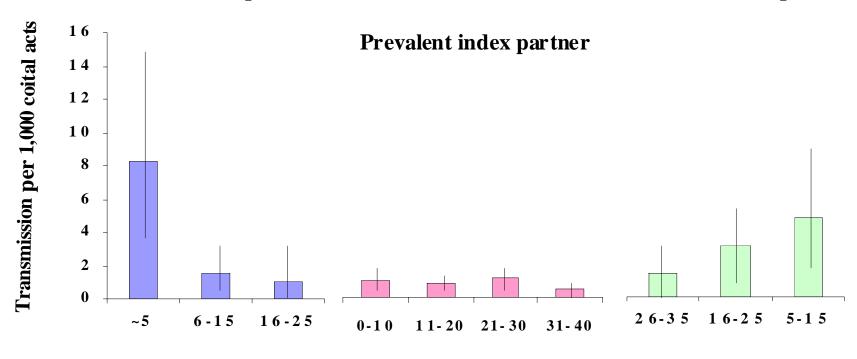




HIV Transmission is Driven by People in Early and Late Disease

Incident index partner

Deceased index partner



Months after index partner seroconversion Months of follow up

Months preceding death of index partner







Summary and Conclusions:

- Risk of transmission is significantly increased early in infection
- Low during clinical latency
- > Increases during late stage disease
- HIV that transmits is different than virus found in established infection
 - HIV adapts to each new host





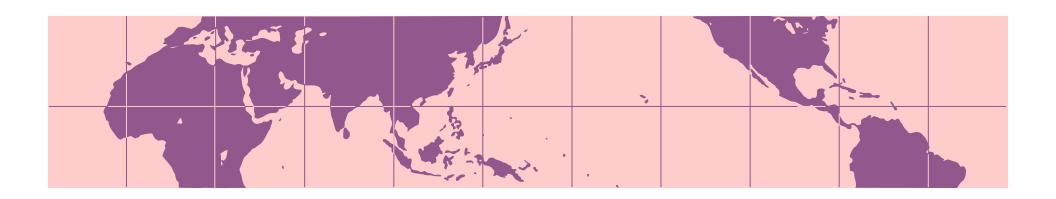


HIV Prevention –Translation of Knowledge of Mechanisms of Transmission (Biology *and* Behavior)

- Vaccination
- > Treatment with ART
- > Microbicides
- > STI Treatment
- > Voluntary counseling and testing
- > Education and behavioral modification
- > Drug abuse treatment
- > Condoms, clean syringes













Questions?



Therapeutics Clinical Research: Objectives

- ➤ To prevent HIV disease progression and deaths
 - Through the development of innovative strategies for antiretroviral treatment (ART) that provide optimum initial and subsequent ART regimens
 - Through effective use of new agents or novel classes of antiretroviral drugs, as they are developed







Therapeutics Clinical Research: Objectives

- ➤ To identify, prevent and treat the complications of both HIV disease and antiretroviral therapies
- To prevent transmission of HIV infection and emergence of drug resistant virus in the community through therapeutic intervention





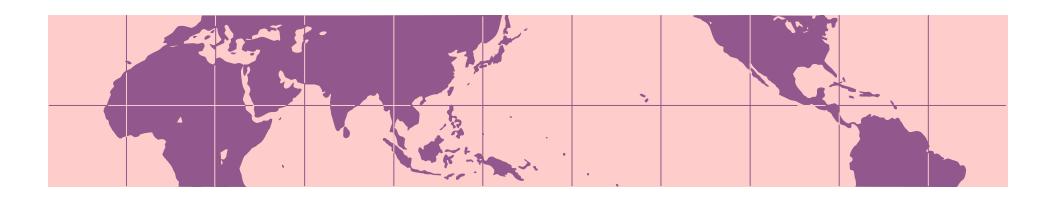


Therapeutics Clinical Research: Objectives

To "cure" HIV infection by developing strategies to eliminate reservoirs and eradicate infection – no detectable virus in absence of therapy









Where do we think clinical therapeutics will be in 2006 – 2013?





- Drugs active against at least two new targets in HIV licensed for marketing or in late stage development
 - Small molecule entry inhibitors several targets
 - Integrase inhibitors
 - Maturation inhibitors
- Fixed dose combinations becoming standard of care







- Progress toward integration of therapies to enhance immunity with antiviral agents
 - IL2, IL7
 - Therapeutic vaccines
- > Agents for newer targets in clinical trials
 - Vif:APOBEC 3G
 - TRIM5 alpha
 - Protein network of HIV budding
- ➤ Rapid transition from preclinical to multicenter clinical trials to assess impact of new approaches
 - Pathogenesis
 - Outcome of disease



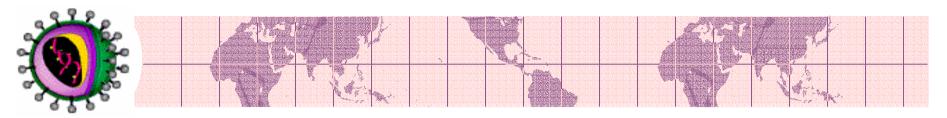




Therapeutics Clinical Research To Meet Medical Challenges







Therapeutics Clinical Research: Top Priority

- > Translational Research/ Drug Development
 - Evaluate anti-HIV compounds aimed at novel mechanisms of action/new targets in studies that complement and expand research being done by industry
 - Evaluate new therapies for patients with coinfections – especially Hepatitis C, TB, Malaria and Papillomavirus







Therapeutics Clinical Research: Areas of Emphasis

- Translational Research/Drug Development
 - In collaboration with industry, academia, and public/private partnerships







Therapeutics Clinical Research: Areas of Emphasis, Translational Research

Evaluate anti-HIV compounds aimed at novel mechanisms of action/new targets in studies that complement and expand research being done by industry







AGENTS IN CLINICAL TRIALS

- > Entry Inhibitors
 - CCR5 blockers
 - Schering D
 - Pfizer UK 427,857
 - GP120 blockers
 - PRO 542
 - BMS 378806
 - CXCR4 blockers
 - AMD compound
- > RT Inhibitors
 - NRTI
 - Amdoxovir
 - NNRTI Capravirin TMC-125

DPC 083

- > Integrase Inhibitors
 - Merck compounds
 - GSK S-1360

> Protease inhibitors

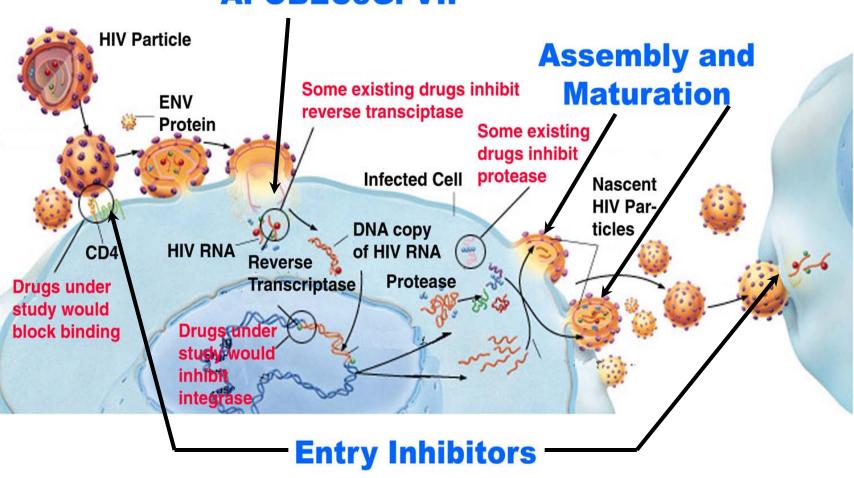
- Atazanavir and Fosamprenavir recently approved
- Tipranivir
- Mozenavir
- TMC 114
- > Cytokines
 - Interleukin 2
 - Interleukin 7
- > Therapeutic vaccines
 - MVA and adeno vectors





New Targets in HIV Life Cycle

APOBEC3G: VIF





The Antiretroviral Enzyme APOBEC3G is Degraded by the Proteasome in Response to HIV-1 Vif

AM Sheehy, NC Gaddis & MH Malim

HIV-1 Vif Protein Binds the Editing Enzyme APOBEC3G and Induces its Degradation

M Marin, KM Rose, SL Kozak & D Kabat

Possible pharmacologic strategy: stabilizing APOBEC3G in HIV-1 infected cells.



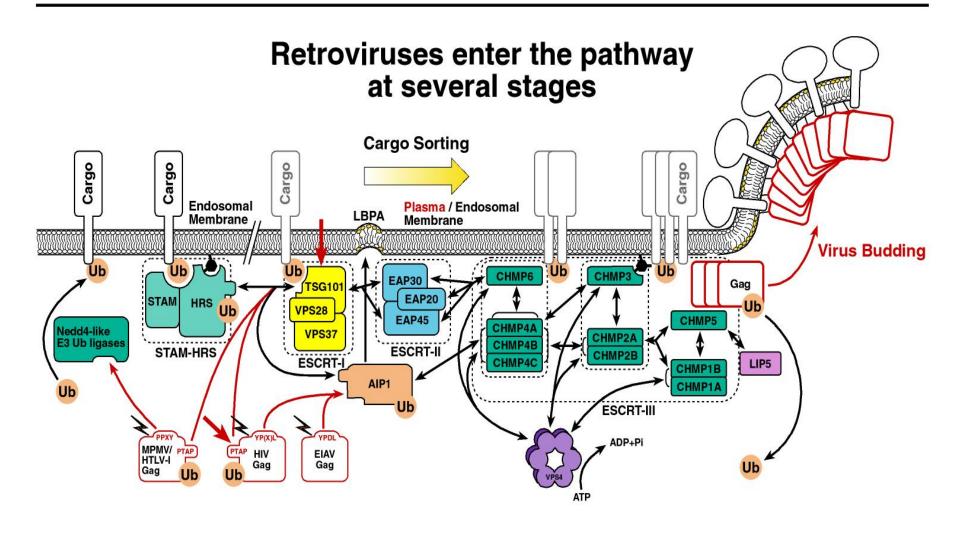
Volume 114 Number 6 September 19, 2003

THE PROTEIN NETWORK OF HIV BUDDING

U.K. von Schwedler et al.

A network of 43 different protein-protein interactions participates in the release of HIV and probably many other viruses.

Virus Budding and MVB Vesicle Formation





The Cytoplasmic Body Component TRIM5 Restricts HIV-1 Infection in Old World Monkeys

M Stremlau, CM Owens, MJ Perron, M Kiessling, P Autissier & Sodroski J.

North Pacific Ocean
Climate warming in deep water

Election polls
Margins of error

"This is the first glimpse of a form of intracellular immunity made up of natural factors that specifically and potently block retroviruses such as HIV-1."



Therapeutics Clinical Research: Areas of Emphasis, Translational Research-2

➤ Therapies for patients with co-infections, especially Hepatitis C, TB, Malaria and Papillomavirus

> Therapies to manage co-morbidities





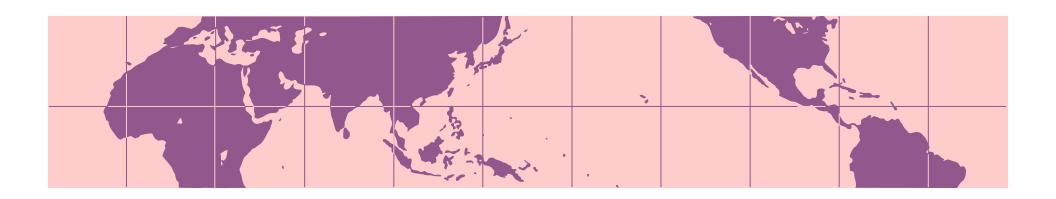


Therapeutics Clinical Research: Areas of Emphasis

- > Test new hypotheses generated by pathogenesis studies
- Conduct pharmacokinetic studies in children and adolescents to enable licensure and optimize use
- Integrate immune-based therapies in treatment regimens, emphasizing mechanisms of antiviral effect and immune reconstitution













Questions?

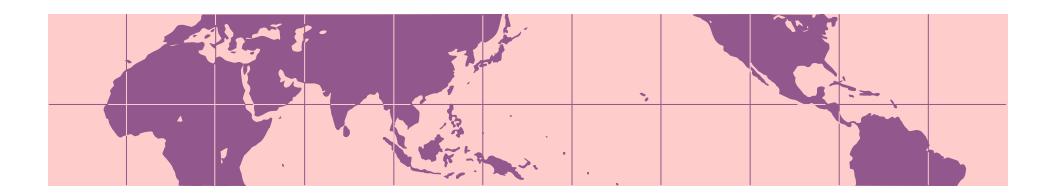


Vaccine Clinical Research and Development: Objectives

- ➤ Identify a vaccine that is safe and effective (at least partially)
 - Benefit the individual, e.g. prevent infection or progression
 - Benefit public health benefit, e.g. prevent transmission
- Decipher correlate(s) of immune protection
- > Apply worldwide, e.g. all clades, exposures, HLA, etc.









Where do we hope the vaccine field will be in 2006 - 2013?



20 October 2000
SCIENCE

Control of Viremia and Prevention of Clinical AIDS in Rhesus Monkeys by Cytokine-Augmented DNA Vaccination

Dan H. Barouch, et al.

Science

6 April 2001

Control of a Mucosal Challenge and Prevention of AIDS by a Multiprotein DNA/MVA Vaccine

Rama Rao Amara, et al.

Ce 7 September 2001

An Effective AIDS Vaccine Based on Live Attenuated Vesicular Stomatitis Virus Recombinants

Nina F. Rose, et al.

17 January 2002

International weekly journal of science

nature

Replication-Incompetent Adenoviral Vaccine Vector Elicits Effective Anti-Immunodeficiency-Virus Immunity

John W. Shriver, et al.

THE WALL STREET JOURNAL

February 27, 2002

Merck Shows AIDS Vaccine's Action In Humans as Scientists Hail Studies

By MARK SCHOOFS Staff Reporter of THE WALL STREET JOURNAL

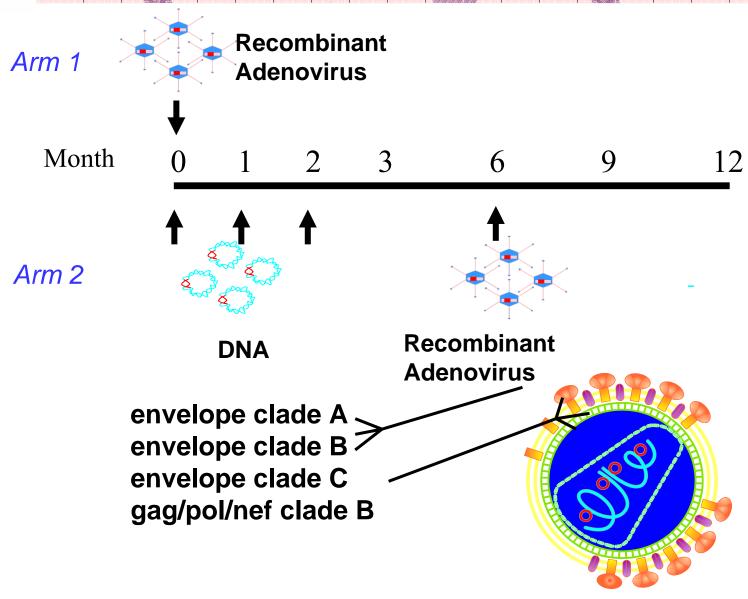


FOR RELEASE December 20, 2001

> NIAID and Merck to Collaborate on HIV Vaccine Development



NIAID VRC Candidate Vaccines









Ongoing + potential NIAID supported efficacy trials

➤ Canarypox + gp120^a

2003 - 2009

> Adenovirus^b

2004 - 2009 +

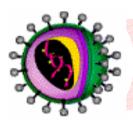
> DNA + Adenovirus^c

2006 - 2010 +

^a USMHRP, Royal Thai government; ^b Merck; ^c VRC







Candidates in Phase I/II Trials

> DNA vectors

- DNA-polyepitope-gag (C) (IAVI/Oxford/Kenya/Uganda)
- DNA-gag-pol,nef; env (A,B,C) (NIAID VRC)
- DNA-multigene (B) (Emory/GeoVax/CDC/NIAID)
- DNA-multigene (C) (EuroVacc)
- DNA-multi-epitope (Epimmune/NIAID)

Viral vectors and combinations

- Adeno-gag; pol; nef (B) (Merck) +/- ALVAC boost (AvP)
- Adeno-env,gag,pol (A,B,C) (NIAID VRC)
- VEE-gag (C) (AlphaVax/NIAID/IAVI)
- Adeno-associated Virus (C) (Targeted Genetics/IAVI)
- NYVAC (C) (EuroVacc)

DNA Combinations

- DNA + MVA, multi-epitope + gag (A) (IAVI)
- DNA + FP multi-gene (B) (UNSW/NIAID)
- DNA-env + Env (B) (Chiron/NIAID)

> Other

- Tat-nef +/- gp120 in AS02-A (B) (SKB)
- Tat (ISS)
- ALVAC + Lipopeptides (B) (ANRS, AvP, NIAID)







Approaches to New Envelope Immunogens

- Stablize and/or expose conserved conformational epitopes
 - Disulfide bridges
 - Other amino acid changes
 - Remove variable loop(s)
 - Remove glycosylation site(s)
- > Mimic entry intermediate
 - CD4 or CD4-mimetic bound
- Construct native trimeric form







Ongoing + potential NIAID supported efficacy trials underway

Canarypox + gp120^a
 2003 – 2009

Adenovirus^b
 2004 – 2009 +

■ DNA + Adenovirus^c 2006 – 2010+

Narrowed pipeline of candidates in clinical trial

> Better envelope immunogens ?

^a USMHRP, Royal Thai government; ^b Merck; ^c VRC







▶ Phase 1 and 2 trials

- Identify and compare candidates; down select and advance
 - Broadly reactive Ab; improved vectors
- Test and compare combinations and adjuvants
 - Address anti-vector immunity
 - Optimize immunogenicity and safety
- Evaluate host factors that may impact outcomes
 - gender, HLA, etc
- Pursue innovative approaches
 - mucosal immunization, enhanced innate immunity, etc







- Evaluate candidates in phase 2b/3 in highest risk populations
 - Include women, and minorities
 - Identify immunologic, virologic correlates of protection
 - Link with animal model studies
- > Develop cohorts and collect epi info to prepare
 - Consider community based trials as warranted
- > Decipher relevance of genetic subtypes
- Other clinical research; role genomics, HLA, etc





- > Evaluate immune responses
 - Develop methods to optimize signal
 - collection, processing, freezing, shipping
 - peptide pools to make relevant comparisons
 - Validate assays to be used in pivotal trials
 - Implement QA/QC programs
 - Develop new assays to measure full breadth of induced immune responses
 - Make specimens available to others







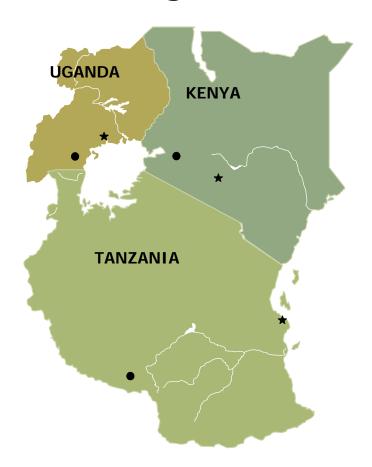
- >Standardize, optimize trial designs
 - Accelerate pace of evaluation
 - Ensure rapid licensure in special populations, all at-risk groups, adolescents (NICHD)
- Contribute to discussions to facilitate US and international licensure







USMHRP Vaccine Cohort Development and Testing Sites East Africa







Partnership for AIDS Vaccine Evaluation (PAVE)

- A partnership, facilitated by NIAID, between the 3 U.S. governmental agencies involved in clinical HIV/AIDS vaccine research.
- Purpose: Serve as a forum and clearing house to achieve better harmony and increased operational and cost efficiency.
- Philosophy: The contribution and unique identity of each cooperating entity will be maintained and recognized.
- Initial focus: Preparing for phase III trials.
- Future: Additional activities as development progresses.



The Need for a Global HIV Vaccine Enterprise

R.D. Klausner, A.S. Fauci, L. Corey, G.J. Nabel, H. Gayle, S. Berkley, B.F. Haynes, D. Baltimore, C. Collins, R.G. Douglas, J. Esparza, D.P. Francis, N.K. Ganguly, J.L. Gerberding, M.I. Johnston, M.D. Kazatchkine, A.J. McMichael, M.W. Makgoba, G. Pantaleo, P. Piot, Y. Shao, E. Tramont, H. Varmus, J.N. Wasserheit

Meeting on "A Global Vaccine Enterprise" Airlie, Virginia August 19, 2003

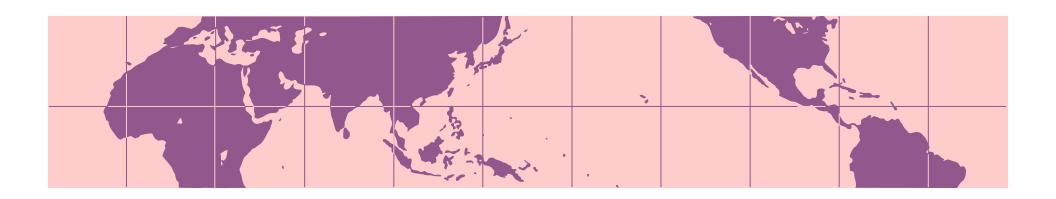
"The vision of the group is to help accelerate the development of an HIV vaccine at a global level by the establishment of an alliance of multiple independent entities united by the moral commitment to participate in the execution of a global strategic plan."



- > Collaborate with others on R&D
 - Lab assays for cross-system comparisons – PAVE, Enterprise
 - Trials with industry and other networks as needed (DoD, EU, SAAVI, others)
 - Other ICs and other networks
 - Vaccines for prevention of MTCT
 - Therapeutic vaccines
 - Cancer vaccines (NCI)













Questions?

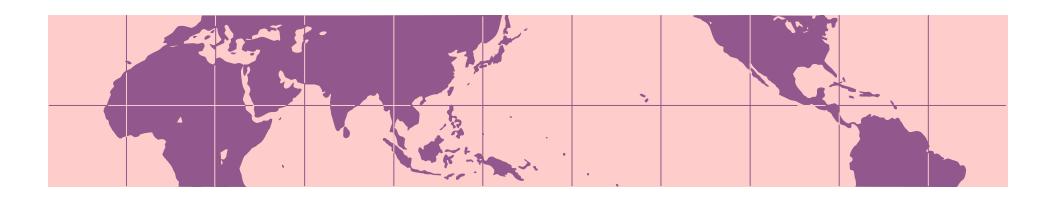


Microbicide Clinical Research and Development: Objectives

- > Identify a microbicide that is very safe and effective (at least partially)
- Determine correlates of short and long term safety
- >Evaluate and optimize acceptability and adherence









Where do we think the microbicide field will be in 2006 – 2013?



Topical Microbicides Preventing Sexually Transmitted Diseases





NIAID Topical Microbicide Strategic Plan





National Institutes of Health

National Institute of Allergy and Infectious Diseases.



>NIAID efficacy trial planned

Pro2000(5), BufferGel 2004 – 2008

Other product(s) poised for efficacy trial

PMPA gel? Others?

> More interesting preclinical pipeline

- HIV-specific agents, including R5 inhibitors
- Agents/combinations that attack multiple steps in replication cycle







- CDC = Centers for Disease Control and Prevention
- > DMID = NIAID Division of Microbiology and Infectious Diseases
- NCI = National Cancer Institute
- NHLBI = National Heart, Lung and Blood Institute
- NIA = National Institute on Aging
- NICHD = National Institute of Child Health and Human Development
- ➤ NIDA = National Institute on Drug Abuse
- NIDDK = National Institute of Diabetes and Digestive and Kidney Diseases
- NIMH = National Institute of Mental Health
- ➤ NINDS = National Institute of Neurological Disorders and Stroke
- USAID = United States Agency for International Development







Microbicide Clinical Research (DMID, NICHD)

- > Conduct all phases of clinical research
 - Focus on products with appropriate safety profile (daily use), multiple mechanisms of attack; combinations
 - X4/R5 HIV; resistance; other STIs; high vs low frequency users; adolescents; (conception/pregnancy)
 - Phase 1-2
 - Evaluate best in phase 2b/3 trials





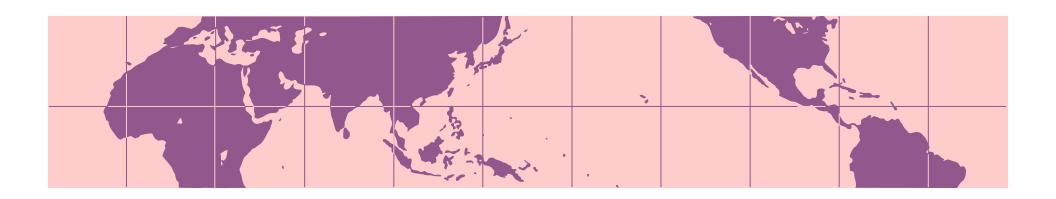


Microbicide Clinical Research (NICHD, CDC, USAID)

- ➤ Evaluate user and partner acceptability and adherence (NIMH)
 - short and long term
 - behavioral and cultural factors
- > Explore correlates of safety (and efficacy)
- > Conduct research on rectal safety
- > Evaluate delivery approaches; single formulation; intercourse dissociated













Questions?



Therapeutics Clinical Research: Areas of Emphasis-priority #2

- >Optimization of Clinical Management
 - Domestically and internationally







Areas of Emphasis: Therapeutics Research Optimization of Clinical Management

- Study effectiveness of new regimens, with priority for those that incorporate agents with novel mechanisms of action or new treatment combination strategies
- > Evaluate therapies for co-infections
 - Prophylaxis
 - Acute treatment
 - Interaction with antiretroviral agents.
- Optimize therapies on the basis of safety, adherence, resistance, durability of response and prevention of transmission







Optimization of Clinical Management: With NCI, NIDDK, NHBLI, NIMH, NINDS, NIA

- ➤ Integrate studies of malignancies, particularly KS and those associated with viral hepatitis, papillomavirus, and EBV into research agenda
- ➤ Facilitate treatment and evaluation of metabolic abnormalities, co-morbidities and complications of ARV therapy and/or progressive HIV infection with other ICs with special expertise



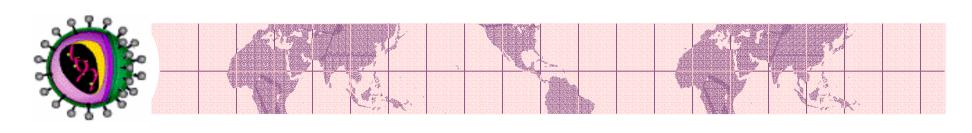


Overarching Principles for All Studies

- ➤ Identify underserved or disenfranchised populations (e.g. women, minorities, adolescents, young children)
- Specify barriers to participation in clinical research for these and other special populations
- Develop strategies to address the problems identified above







Overarching Principles for All Studies

- Incorporate studies of acutely infected individuals in all aspects of therapeutics research – particular focus on role of early interventions in modifying viral set point, long term outcome and transmission rates
- Pharmacogenomics Investigate the role of individual and population genetic differences in responses to therapy, incidence of complications and co-infections, and course of disease (co-morbidities)





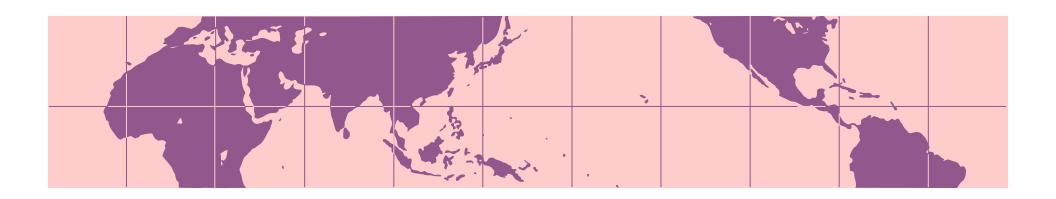


Therapeutics Clinical Research: Top Priorities

- Optimization of Clinical Management
 - Study Effectiveness of new regimens, with priority for those that incorporate agents with novel mechanisms of action or new treatment combination strategies
 - Evaluate therapies for co-infections
 - Optimize therapies on the basis of safety, adherence, resistance, durability of response and prevention of transmission





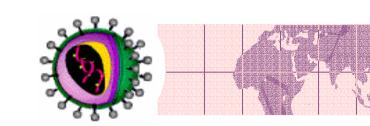








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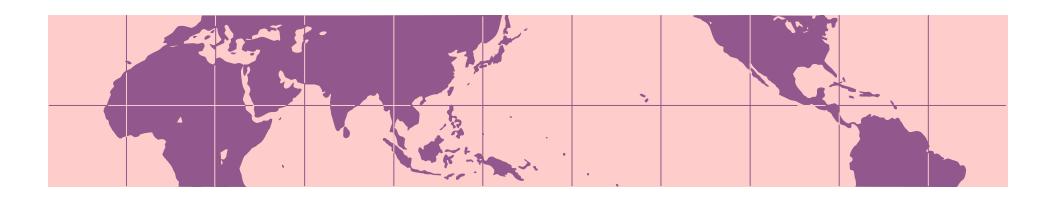


Prevention Clinical Research: Objectives

- >Identify more practical, safe and effective approaches to halt the spread of HIV
 - Especially in populations where HIV is spreading most rapidly
- >Evaluate worldwide suitability and sustainability of those approaches







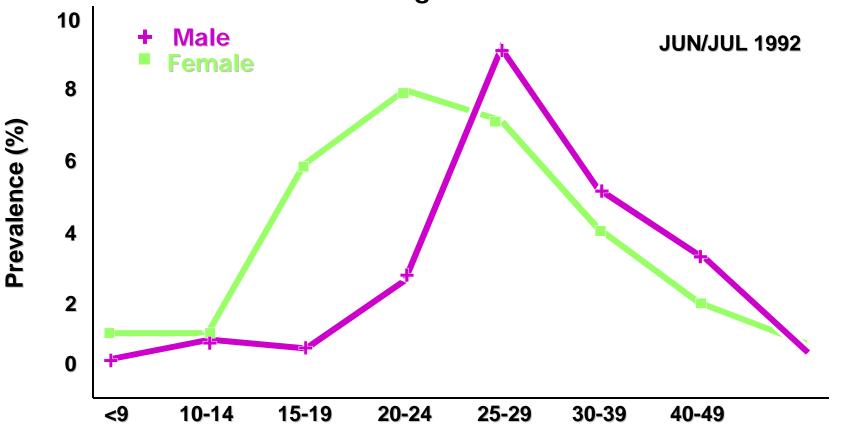


Where do we think the prevention research field will be in 2006 – 2013?





HIV/AIDS in South Africa: Age and Gender Distribution of HIV

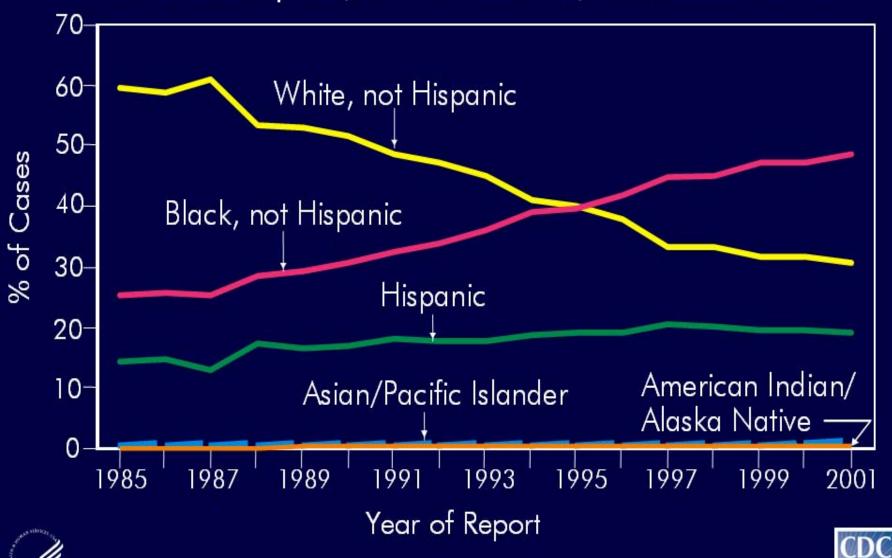


Source: Abdool Karim Q, Abdool Karim SS, Singh B, Short R, Ngxongo S. Prevalence of HIV infection in Rural South Africa. AIDS 1992; 6: 1535 - 1539





Proportions of AIDS Cases, by Race/Ethnicity and Year of Report, 1985 - 2001, United States





> Trials underway to evaluate drugs to prevent HIV acquisition

ART in discordant couples 2004 - 2009

ACV in HSV-2+ persons
 2003 - 2007

Tenofovir PREP 2004 - 2007

> Circumcision trials 2003 - 2008

More VCT and ART available in developing countries?

> Better infrastructure?

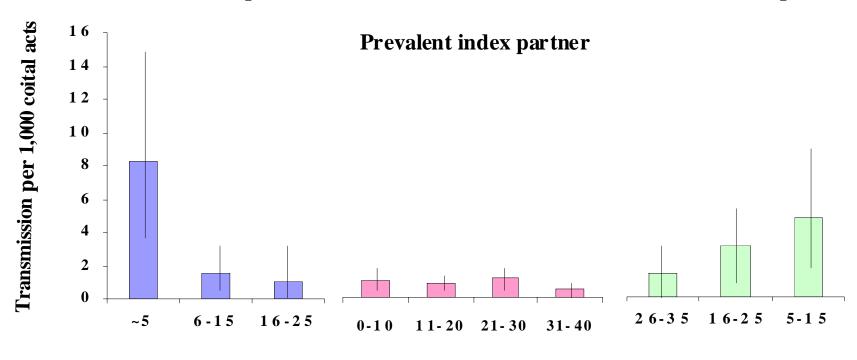




HIV Transmission is Driven by People in Early and Late Disease

Incident index partner

Deceased index partner



Months after index partner seroconversion

Months of follow up

Months preceding death of index partner







Prevention Research

- >ART to prevent transmission
 - ART or other therapeutic interventions in acute/early infection
 - Impact on transmission and disease progression; resistance; immune responses, etc.
 - (ART in established infection)
 - (PEP and PREP)
 - Safety, acquisition





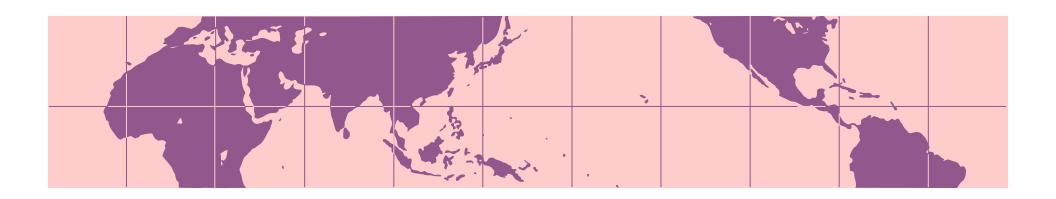


Prevention Research

- > Treatment or prevention of STDs (DMID, NIMH)
 - Pharmacologic, vaccines, behavioral, surgical
- > Behavior interventions to reduce HIV risk behaviors AND acquisition or transmission (NIMH)
 - Individual and/or community
 - VCT uptake; abstinence messages; ART availability; sex education
 - "Dosage"; "delivery"; "durability"
- > Interventions to reduce HIV acquisition or transmission in drug users (NIDA)





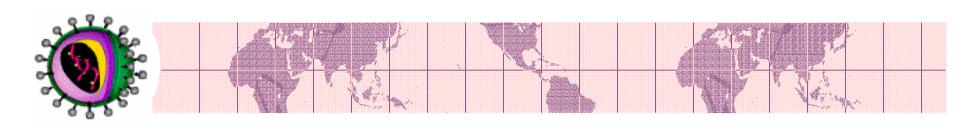








Questions?

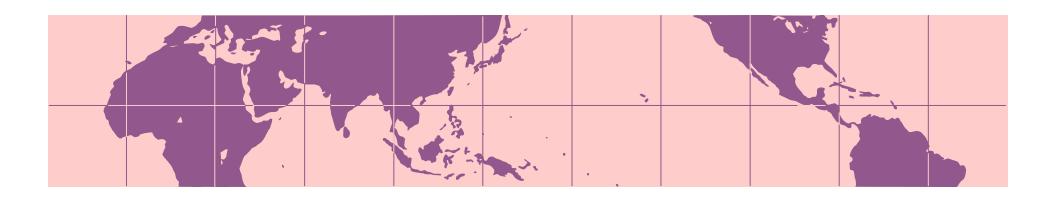


MTCT Research: Objectives

- ➤ Identify safe, practical, and more effective approaches to further reduce MTCT, especially in resource-poor settings
- ➤ Define treatment options for both mother and child
- ➤ Provide technical knowledge to ensure prolonged success of MTCT programs









Where do we think prevention of MTCT will be in 2006 – 2013?



THE LANCET

Number 9374 • Founded 1823 • Published weekly

Volume 362

September 13, 2003

Intrapartum and Neonatal Single-Dose Nevirapine Compared with Zidovudine for Prevention of Mother-to-Child Transmission of HIV-1 in Kampala, Uganda: 18-Month Follow-Up of the HIVNET 012 Randomised Trial

J Brooks Jackson et al.



- > Studies of neviripine to protect against breast milk transmission
 - 6 weeks +/- HIVIG results ~ 2005
 - 6 months results ~2008
- Information on occurrence and implications of resistance
 - OCTANE trial completed
 - Results of short course post-partum trials
 - Comparison of ART combinations in NVP-exposed babies
- More ART use in developing countries
- Additional vaccines ready for testing in infants







- Strategies to optimize and simplify regimens (when mothers not on drug for their own disease)
 - Decrease transmission, especially during breastfeeding period
 - Minimize drug toxicity (esp high CD4 moms)
 - Prevent drug resistance
 - Evaluate impact of resistance on future treatment options
 - mothers, children, and communities
 - mothers' future pregnancies







- > Strategies to optimize drug regimens pre-, periand post-partum (when mothers on drug for their own disease)
 - Further decrease transmission rates
 - Prevent drug resistance
 - Minimize toxicities
 - Simplify delivery
 - Evaluate the development and impact of resistance on MTCT and future treatment options for mother and child







- ➤ Evaluate safety and PK of new drugs, drug combinations
 - HIV negative, non-pregnant women
 - HIV positive, non-pregnant women
 - HIV positive, pregnant women
 - HIV positive, very young children



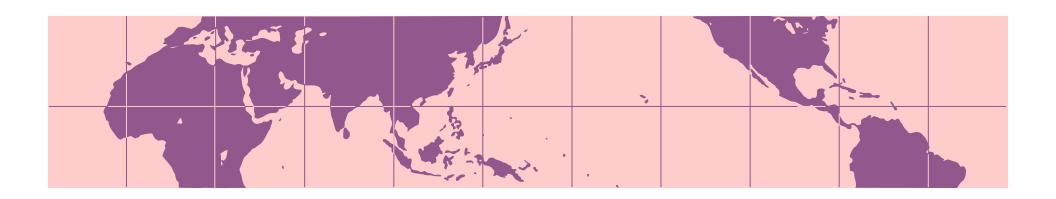




- ➤ Safety and efficacy of vaccines to prevent BF transmission
- Safety and efficacy of passive immunization of newborns













Questions?



Cross-Cutting Principles

- Feed information on seroconverters in vaccine/prevention studies into acute infection data base or studies
- Identify highest risk populations to size and cost of vaccine and prevention efficacy trials (epi, incidence)
- Behavioral interventions in all studies (NIMH, NIDA)
- Role of host differences in outcomes (HLA/other genetics, age, gender...) (NICHD)
- Refer HIV+ during screening to treatment programs or research studies







Cross-Cutting Principles

- ➤ Role of host differences in outcomes (HLA/other genetics, age, gender...) (NICHD)
- Weigh development of mega-sites vs. many smaller sites
- Develop common laboratory and data management elements to help address important questions that cannot be studies by a single group







Clinical Research: Populations and Communities

- ➤ Identify underserved or disenfranchised populations (e.g. women, minorities, adolescents, young children)
- Specify barriers to participation in clinical research for these and other special populations
- Develop strategies to address the problems identified above







DAIDS Scientific Priorities

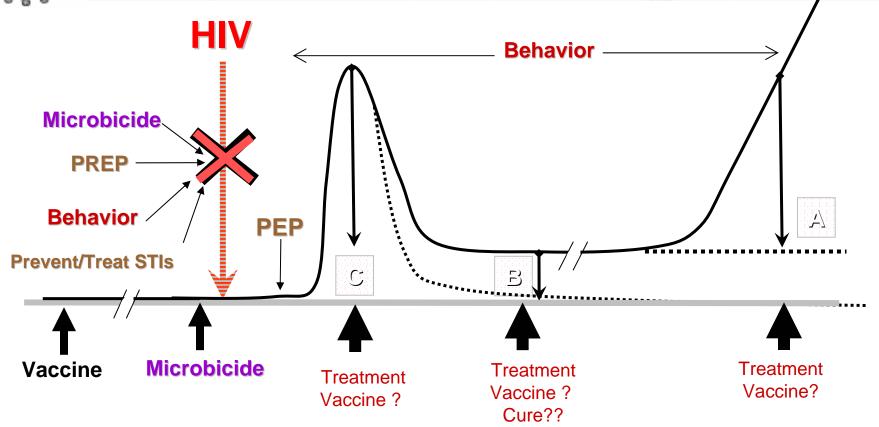
- > Vaccine research and development
- Therapeutics translational research/ drug development
- Therapeutics optimization of clinical management
- > Microbicide research and development
- Prevention of maternal-child transmission
- > Prevention research







DAIDS Mission: Help Stop the HIV/AIDS Epidemic



Populations: Adults

Infants ↔ ♀

Children ← ↑

Adolescents

DHHS/NIH/NIAID/DAIDS

- A. Stop Progression, Development of Resistance
- B. Lower Set Point or Eliminate HIV
- C. Lower Initial Peak of Viremia





Leadership Groups RFA

Translational
Research /
Drug
Development

Mother to Child Transmission

Microbicides

Optimization of Clinical Management

HIV Vaccines

Prevention of HIV Infection



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